

NAVAL AEROSPACE MEDICAL INSTITUTE (NAMI)
AEROMEDICAL SUMMARY (AMS)

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PATIENT INFORMATION

1. NAME (Last, First, MI)
2. AGE
3. DATE OF BIRTH
4. SEX
5. RANK
6. DESIGNATION CODE
7. AVIATION CLASS
8. TYPE AIRCRAFT
9. NUMBER OF FLIGHT HOURS
10. DATE OF GROUNDING
11. WAIVER BEING REQUESTED

CONTACT INFORMATION

12. MEMBER'S COMMAND
13. MILITARY TREATMENT
FACILITY NAME AND UIC
14. AEROMEDICAL POINT OF CONTACT
 - a. NAME
 - b. MILITARY EMAIL ADDRESS
 - c. PHONE NUMBER

15. SIGNIFICANT MEDICAL HISTORY

16. PREVIOUS WAIVER(S) AND STATUS	
WAIVER	STATUS
17. CONSULTANT REPORTS	
DATE	REPORT
18. INFORMATION REQUIRED <i>(reference the specific requirements of relevant section of the ARWG)</i>	
19. DIAGNOSIS	
20. AEROMEDICAL RECOMMENDATION	
COMMAND ENDORSEMENT: The member's commanding officer is aware and concurs with this member's diagnosis, prognosis, waiver requirements, and waiver recommendation in this aeromedical summary.	
21. FLIGHT SURGEON SUBMITTING WAIVER <i>(full name and rank)</i>	22. FLIGHT SURGEON SIGNATURE